

**FREEDOM OF INFORMATION ACT REQUEST**  
**GEORGETOWN CHARTER TOWNSHIP**  
**1515 Baldwin Street, P.O. Box 769**  
**Jenison, MI 49429**

**Please note that ALL information must be completed in order to be processed by the Georgetown Charter Township FOIA Coordinator.**

Date: \_\_\_\_\_

Printed name of person making the request: \_\_\_\_\_

Address of person making the request: \_\_\_\_\_

City, State and zip code: \_\_\_\_\_

Phone number of person making the request: \_\_\_\_\_

Title or detailed description of document requested (date/address of document if applicable):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I understand that a fee may be charged for this service to cover the cost of duplication and labor.*

Signature of person making the request: \_\_\_\_\_

For Office Use Only:

Date Received: \_\_\_\_\_ Date Responded/sent \_\_\_\_\_

Fee: \_\_\_\_\_